



**Shrewsbury Parks & Recreation**  
**100 Maple Ave, (508) 841-8503**

## **Volunteer Application**

### **Shrewsbury Special Needs**

I am volunteering to work with, please circle:

**Bocce**

**Golf**

**Softball**

**Soccer**

**Basketball**

**Track**

**Skiing**

**Volleyball**

**Other**

I am volunteering to work as, please circle:

**Partner**

**Coach**

Primary Guardian, if under 18: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Volunteer's Name: \_\_\_\_\_

My athlete's name (partner for golf or bocce, if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or medical concerns: \_\_\_\_\_

#### **Volunteers that are 18 and older will need to submit to a CORI background check**

***Waiver:*** Volunteer or primary guardian hereby states that he or she understands the physical nature of the activity as well as any risk involved and agrees to release, discharge and hold harmless the Town of Shrewsbury, its employees and agents from any and all actions, claims, damages, and/or injuries that might occur during a parks & recreation activity and that the volunteer is accustomed to such activity or has consulted a physician as to the advisability of participation. Parent or participant hereby consents to medical treatment in the event of illness or injury. Please list any medical/allergies/special needs that the staff should be aware of to make your participation a success. The recreation department/special needs program will take pictures & video on occasion of participants for publicity purposes and for local cable. If you do not want to be photographed let us know. I understand the rules/policies stated above and agree to follow them accordingly. If a volunteer does not follow the rules or guidelines when registering for a program then he/she will not be allowed to participate in that activity. I also give permission to attend, travel and stay overnight at Special Olympic Events if applicable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Primary Guardian if under 18)